

**Frye Regional Medical Center
New Graduate Nursing Program
Reference Form**

Name of Applicant: _____ Date: _____

Are you a current FRMC employee? Yes ____ No ____ If yes, list department: _____

CONSENT FOR REFERENCE:

I hereby grant Frye Regional Medical Center permission to solicit and secure information which may be required to determine my suitability for employment. I further authorize my Instructor to release to Frye Regional Medical Center such information as may be requested for the purpose of evaluating me for possible employment.

Signature of Applicant: _____ Date: _____

Faculty, please assist us with the following reference information:

1. Rate applicant using scale below.
2. Seal and sign back of envelope.
3. Mail directly to: Frye Regional Medical Center
Attn: HR – Nurse Recruitment
420 North Center Street
Hickory, NC 28601

ALL INFORMATION IS STRICTLY CONFIDENTIAL

| | Superior | Above Average | Average | Below Average | Poor |
|---|----------|------------------|---------|------------------|------|
| Academic Performance/ Intellectual Ability | | | | | |
| Critical Thinking Skills | | | | | |
| Clinical/Technical Competence | | | | | |
| Organizational Skills | | | | | |
| Dependability/Reliability | | | | | |
| Professional Attitude | | | | | |
| Appearance/Grooming | | | | | |
| Attendance/Punctuality | | | | | |
| Communication Skills | | | | | |
| Initiative | | | | | |
| Flexibility/Ability to Adjust to Change | | | | | |
| Teamwork/Cooperation | | | | | |
| Leadership Qualities | | | | | |

Additional Comments: _____

In comparison with the others in the class, how would you rank this student?
Upper 10% ____ Upper 25% ____ Middle ____ Lower 25% ____ Lower 10% ____

Dates of Clinicals: _____

Do you recommend this person for employment with FRMC? _____

Completed By: _____ Title: _____

Name of School: _____ Date: _____

Email Address: _____ Phone Number: _____